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TO: UNITED STATES PATENT AND TRADEMARK OFFICE
(Centralized Fax No.)

FROM: W. Thad Adams, III

DATE: February 4, 2004

FAX NO: (703) 872-9306

RE: Our File No. 2764/1; U.S. Serial No. 09/841,421; Utility Patent Application for
"DELIVERY BOX"

| | | | |
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| CONFIRMATION COPY | YES | NO | ✓ |
| TO FOLLOW: | | | |

NUMBER OF PAGES Cover + 11

MESSAGE: Applicant is timely submitting the attached Response for filing with the United States Patent and Trademark Office. Please confirm receipt of this facsimile by return fax. Thank you for your assistance in this matter.

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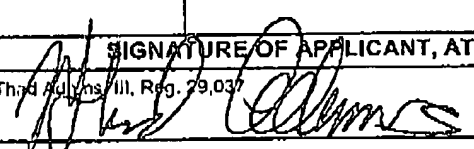
PTO/SB/21 (08-03)


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| | | |
|---|------------------------|----------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09841,421 |
| | Filing Date | April 24, 2001 |
| | First Named Inventor | SCHOLEFIELD, Michael |
| | Art Unit | 3637 |
| | Examiner Name | Anderson, Gerald A. |
| | Attorney Docket Number | 276411 |
| Total Number of Pages in This Submission | | 12 |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet |
| Remarks Please charge any applicable fees to Deposit Acct. No. 01-0265 | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | W. Thad Adams, III, Reg. 29,037 | |
| Signature |  | |
| Date | February 4, 2004 | |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
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| Typed or printed name | Karen S. Walker | |
| Signature |  | Date 02/04/2004 |

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